

BR

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

Jun 16, 2008
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MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

William Atkins

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

08cv3448
JUDGE KENNELLY
MAG. JUDGE COX

vs.

Case No: _____
(To be supplied by the Clerk of this Court)

Dentist John Does.

Administration John Does; Jane Does.

Health Services John Does; Jane Does.

Superintendent ~~ME~~ Nelson

Chief Bratlien.

Official John Does

(Enter above the full name of ALL
defendants in this action. Do not

use "et al.") Supervisory Thomas J. Dart

CHECK ONE ONLY:

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐ OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

I. Plaintiff(s):

- A. Name: William Atkins
- B. List all aliases: N/A
- C. Prisoner identification number: 2003-0014927
- D. Place of present confinement: Cook County Jail
- E. Address: 2600 S California Avenue Chicago IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: DENTIST Jhon Does ^{Does} DENTAL PERSONAL JANE
 Title: DENTAL
 Place of Employment: COOK COUNTY JAIL
- B. Defendant: ADMINISTRATION Jhon Does ; JANE DOES
 Title: ADMINISTRATION
 Place of Employment: COOK COUNTY JAIL
- C. Defendant: Health services Jhon Does ; JANE DOES
 Title: CENAK Health Services
 Place of Employment: COOK COUNTY JAIL

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

D. Defendant Superintendent SELTZER

Title: SUPERINTENDENT

Place of Employment COOK COUNTY JAIL

E. Defendant Chief BRATLIEN

Title: CHIEF

Place of Employment COOK COUNTY JAIL

F. Defendant Official THOM DOES & JANE DOES

Title:

Place of Employment COOK COUNTY JAIL

G. Defendant THOMAS J. DART

Title SUPERVISORY

Place of Employment COOK COUNTY JAIL

H. Defendant Superintendent NELSON

Title SUPERINTENDENT

Place of Employment COOK COUNTY JAIL

III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES (☒) NO () If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES (☒) NO ()

C. If your answer is YES:

1. What steps did you take?

I did file one tow and 3
to the Administration

2. What was the result?

N/A yet

3. If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.)

N/A

D. If your answer is NO, explain why not:

I am still in pain and they have
not did anything yet over a year

- E. Is the grievance procedure now completed? YES (✓) NO ()
- F. If there is no grievance procedure in the institution, did you complain to authorities? YES (✓) NO ()
- G. If your answer is YES:

1. What steps did you take?

I COMPLAIN TO AUTHORITIES

I PUT IN GRIEVANCES IN DIV 1

I PUT IN GRIEVANCES IN DIV 9 AND
NOW I PUT IN GRIEVANCES IN DIV-10

2. What was the result?

THERE WAS ANSWER
AT ALL

H. If your answer is NO, explain why not:

I DO NOT NO
WHY THEY WILL NOT ANSWER
MY GRIEVANCES

IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

- A. Name of case and docket number: 07C 2064
of burglary lesser included of Residential burglary
- B. Approximate date of filing lawsuit: 6/21/07
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: 04C 7058 07C 2064
All the same case
- D. List all defendants: Officer Ken Walker
Officer Linda Gutierrez
Richard A Devine Cook County States Atty
Terry Hillard Police Supt. C.P.D.
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Cook County
- F. Name of judge to whom case was assigned: KENNELLY
- G. Basic claim made: 36 months charged with
felony of 1st degree murder, wrongfully convicted
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Still pending
- I. Approximate date of disposition: 10, 20, 04

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Some time Back in 0.7. 2007 I was send to the dental to have A tooth pull But some how my tooth in up Broken off in my gum. there was no c/o to send me Back. I keep trying to get Back to the dental But they just would not send me at all I put A Health Slip in to medical But they was telling me that Todd Strayer had fired all of the dental But one them So I put in A Grievance Be cause they wont do any oral surgery. so they send me over to Div-9. to get rid of me. I was diagnosed with pain yeels Because this pain is killing me. Some way I was in Div-9 trying to get the c/o to send me to medical over there. But the c/o would not do anything for me at all. I was telling them all I was

in pain, and they did not do anything about it at all I put in A Health Slip 4 and 5 Slip But they still did not call me. So now I put in A nather Grievance, and the C/O are being Discrimination, and calling me out of my room and telling me to get on in my cell Miss Smith and others this is some institutionized persons Act I was in pain and I can not remember all of these names to keep me from doing so they send me. not before I also put in A Grievance for my shoe that the doctor in Cermak the foot specialist said that I need to have on my feet because of my hill 1/2 foot so they send that Grievance Buck saying denied and got rid of me by sending me over to riv-10 now that I am over here I put in A Health Slip and they call me, and give me A prescription antibiotic, because of the infection and they send me to the dental, and he pulled out A nather tooth and told me that he could not do anything else for me. now get the "F" on out

VI. Relief:

Of here. So I went on back to Div-10
and put in A Health Slip then the doctor called
me and put me back in to see the dental so
I can be put in for oral surgery. So I then
and put in A ~~noth~~ Grievance. But I still
have not got anything back yet and I still
have this broke tooth in my gum and I am
still here in pain right now the dental said
he did not want to have anything that I had to
say. he said that he was over worked and that
he was the only dental in the hall said and that
he do not have time for all of this "Bull Stiff"
"I alleged misconduct." "equal protection."
"institutionalized persons Act." "Medical
personnel." "due process violations."
"and unconstitutional" the Superintendent
Selessa violation my due process and all the up
above he denied my Grievance, and would not
Answer my other Grievances. and C/O Mr Smith would
not do anything about getting me to medical. and the
Superintendent Nelson Villanueva violate due
process and everything else that is said in here
Because he would not Answer any of my Grievances
he said that there was nothing he can or could do
about it and I still have not been to the oral
surgery and I still have not got A Grievance back
yet 3-1-0-8 I need (7) Medical Health!

Thomas J. Dart is the supervisory of Cook County Jail officers who can name and identify unknown officers "Jhon Does." and the Dentist "Jhon Does" as well as the personal "Jhon Does" "Jhon Does" and the Administration "Jhon Does" "Jhon Does" who I send Grievance to and did not get a response. and Health services "Jhon Does" or "Jhon Does" that I send Health slip to and did not get a response. At the time I was in Div 1. H-1, I have been in this jail over 5 years now I have a gum disease. Because I was denied treatment for my teeth. That is still need it, serious dental needs it is causing serious pain and discomfort. it is a threat to my good health over the year and years the doctor Dunlap have been putting me in for the dentist. Now she have been telling the our and our agent to put me in for oral surgery for this broken tooth in my gum from the dentist "Jhon Does" doctor Dunlap is a witness and a mother doctor that is our here in Div-10. Doctor Jane Does she put me in all so far oral surgery that never happen when I was telling officers "Jhon Does" in Div 1. H-1 on 7-10-03 to send me or call some one he would say put in a slip when I am in pain I told him I did that he said sit down somewhere so I did then I seen the Sergeant come in to or signed the Book. and I was trying to tell him and he said talk to your officer and officer Jhon Does. said that I told him to sit down somewhere now get

A way from the Band be For I write your M.F. HSS
up so I got out of the way again. The same thing happen
in Div 9 they move me to Div 9. I was putting in too many
Grievance and Div 9 move me to Div 10 for too many
Grievance. I was on C-2 in Div 9 and on 2.D This is
unconstitutional violate the Eighth Amendment of the
Constitution. Deliberate indifference. This is serious
dental needs. This the restoration or extraction of painful
decayed teeth and the making of dentures for patients
who need them to eat properly, are serious needs. The
failure to provide reasonable and reasonably prompt
attention for these conditions and the failure to provide
follow-up care that is ordered by or medical personnel
Thon Does or Jane Does violate the Constitution. the
Dentist and personnel Thon Does or Jane Does New I
was in serious need in take dental examinations. I
have been here way over 5 years. But my tooth was
broken in 2007 same time I just keep put in health
slips when the officer "Thon Does" and "Jane Does"
would not send me. When I was telling them I was in
pain. there was no response for my Grievance or my
Health slip that the Dentist "Thon Does" Broken off in my
Dental Negligence malpractice and never did put me
in for oral surgery or come me back to take it out. Doctor
Munlap said I need oral surgery! Administration Thon
Does & Jane Does who who never did anything about
Responded to my Grievance or anything about trying

to get me to the dentist or out to have oral surgery. Health Services John Does or Jane Does did anything about Responding to my Health slips. with in Dental personal Jane Does. so on personal and others. ~~at~~ ^{from} William Atkins
 "New Corner Court 2"

On October 5th 2007 they took all the reliever shoes we did not do anything before time no one was informed of this or aware that this was going to happen I informed the officers John Does that I have severe problems with my foot and that I have a prescription to have my shoes. and he said that do not matter with prescription or without we are taking them. I send a Grievance to the authorities saying what happen and about my foot problems with a copy of my prescription to have my shoes from the foot doctor, and the Grievance come back saying Denied by Chief Brantlien see Exhibit "H" for prescription see Exhibit "F" where I have severe foot problems this violate the Eighth Amendment of the Constitution. Deliberate indifference in violation of the Due process clause in the Fifth and Fourteenth Amendments to the U.S. Constitution. which prohibits federal and State Government respectfully from depriving any person of life LIBERTY or property with out due process also in violation of the Sixth Amendment the Right to Counsel and to be informed of my charges a violation of the Eighth Amendment of our constitution An Abuse of Power.

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

the plaintiff Requests monetary Compensation
for due process institutionalized persons Act
Medical misconduct. Equal protection.
interchangeably. I want this Broken tooth
out of my gum and I want Compensation
of 2,000,000,000 Million for my pain Humiliation
and mental anguish and suffered. CERTIFICATION

By signing this Complaint, I certify that the facts stated in this
Complaint are true to the best of my knowledge, information and
belief. I understand that if this certification is not correct, I may be
subject to sanctions by the Court.

Signed this 3 day of 1, 2008

Mr William Atkins
(Signature of plaintiff or plaintiffs)

William ATKINS
(Print name)

2003-001-4927
(I.D. Number)

2600 S California Avenue Div-10-4-10
P.O. Box 089002
Chicago Ill 60608
(Address)

State of Illinois }
County of Cook }

Affidavit.

I William Atkins, being first duly sworn
on oath, do swear under penalty of perjury that
the following statements are exact and true to
the best of my knowledge.

I am the plaintiff in this case and....

- 1) I have been violated of my CONSTITUTION Rights
The First Fourth Fifth Sixth AND Eighth
And Fourteenth Amendments.
- 2) Equal Protection claims. interchangeably.
Misconduct - they did not correct due process
they fail to take steps to provide my medical
Needs. it is Discriminated Claims. With the
institutionalized Detainee Act.

- 3) I was denied dental service. the dental that was here Broke off my tooth in my gum AND would not call me back to take the tooth out
- 4) I was discriminated by personnel the C/o Medical Care the Administration I put in Grievance in 3 Div's. Div 1. Div-9 and in Div-10 they just will not do anything about the setting this tooth out of my gum.
- 5) I am in too much pain this pain is killing me and dental service just won't help me! I also have A infection in my gums. now this new dental have gave me some onlikiatie. he said that he would get it out now that have been there 2 week ago But it is still there.
- 6) the old dental is not here anymore that told me that he did not want to have this steb. because he is the only dental working here now so I can move on. I had A infection then in my gum.
- 7) I am been told that dadd Strogers have here all of the dental but one they all are liable for violations of ~~the~~ due process fourteenth Amendment.
- 8) the dental now that he had Broken my tooth in my gum and did not say anything about it at all I put in A Grievance 4/10/07. then I put in A Grievance 8/17/07. then I put in one 2/14/08. now I was call down to redo the Date on my Grievance, to like the 3/30/08.

9 I put in A Grievance 4/10/07 and I put in A Grievance 8/17/07 and I also put in A Grievance 2/17/08 then I was call down to Redo A Grievance. they had me to come and ~~do~~ A up Date on my 2/17/08 Grievance. to 3/30/08.

10 the Plaintiff Requests Compensation for the 2,000,000⁰⁰ million 2,000,000,00 million for medical misconduct. A violations of my first fourth and fifth and sixth and Eighth and fourteenth Amendments. of due process Equal protection. interchangeably. institutionalized Person's Act. for this Broken Teeth that rules Broken off in my gum, and for all the pain I am in and mental anguish and suffered and the Humiliation some Personal Administration.

[3] Mr William Atkins

Plaintiff;

Signed before me on this 9th day of April 2008.

Notary Seal

151 Thomas A. Keel



Exhibit B

Part-A / Control #: X

Referred To: _____

☐ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: Adams First Name: WilliamID #: 2-14727 Div.: 1 Living Unit: 2-D Date: 5/1/08BRIEF SUMMARY OF THE COMPLAINT: Adams was in the kitchenand he was talking to some people and they weretalking to him and he was talking to them andthey were talking to him and he was talking tothem and he was talking to them and they weretalking to him and he was talking to them andthey were talking to him and he was talking tothem and he was talking to them and they weretalking to him and he was talking to them andthey were talking to him and he was talking tothem and he was talking to them and they weretalking to him and he was talking to them andthey were talking to him and he was talking tothem and he was talking to them and they weretalking to him and he was talking to them andthey were talking to him and he was talking tothem and he was talking to them and they weretalking to him and he was talking to them andthey were talking to him and he was talking tothem and he was talking to them and they weretalking to him and he was talking to them andDETAINEE SIGNATURE: William AdamsC.R.W.'S SIGNATURE: _____ DATE C.R.W. RECEIVED: 5/1/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.
All appeals must be made in writing and directly submitted to the Superintendent.

Referred To:

☐ Processed as a request.

Detainee Last Name: Atkins First Name: William

ID #: 2003-000157 Div.: 16 Living Unit: 3-A Date: 2/17/03

BRIEF SUMMARY OF THE COMPLAINT: 1. I am a 30-year-old male.

[illegible]

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

10 - Adm. - H. C. Sanyal, Secy. B. K.

ACTION THAT YOU ARE REQUESTING:

Temp. = 1.311 deg. cent. at 10 m. depth in air.

DETAINEE SIGNATURE:

C.R.W.'S SIGNATURE: _____ DATE C.R.W. RECEIVED: ____/____/____

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.

Exhibit.

Part-A / Control #: X

Referred To: _____

☐ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: Atkins First Name: William

ID #: 2003-0014927 Div.: 1 Living Unit: 14 Date: 4/10/07

BRIEF SUMMARY OF THE COMPLAINT: I been having a lot of
tooth in my mouth. I got a tooth pulled
and it could still feel a piece in my
gum tissue. I got a piece in the gum tissue
that got a deep sore. I should have
not sent me down to disciplinary (Health Service).
It's a real mess of health care,
(Medical Att.).

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

Health Service / Sheriff / Dental

ACTION THAT YOU ARE REQUESTING:

To get the rest of my tooth pulled, I'm in pain.

DETAINEE SIGNATURE: William Atkins

C.R.W.'S SIGNATURE: _____ DATE C.R.W. RECEIVED: 1/1/1

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.
 All appeals must be made in writing and directly submitted to the Superintendent.

Part-A / Control #: 311108 **X**Referred To: 311108☐ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS
DETAINEE GRIEVANCE

Detainee Last Name: ATHINS First Name: WILLIAM

ID #: 2003-014921 Div.: 4-D Living Unit: 3 Date: 3 128 108

BRIEF SUMMARY OF THE COMPLAINT: I put in a grievance in div 1 and 9 and did not get a response now I'm in div 10 I put in a Health slip seen by the doctor and she put in a work order for the dentist and gave me some Antibiotic cream. I have an infection in my mouth from that piece of the tooth now they called a few guys from my deck to go to work but I did not call and I was just wondering how long so I have to sit in here with this pain because nothing seems to be working with the step that I have been taking.

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

Detainee Administration and Health Services Department

ACTION THAT YOU ARE REQUESTING:

To get the pain medicine and to get my tooth fixed.

DETAINEE SIGNATURE: William Athins

C.R.W.'S SIGNATURE: [Signature]

DATE C.R.W. RECEIVED: 3/10/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.

Exhibit F

Part - B / Control #:

08 X**C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE**

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE

Detainee's Last Name: *11/1/07* First Name: *11/1/07* ID#: *45-11/1/07*Is This Grievance An Emergency? YES ☐ NO ☐C.R.W.'S Summary Of The Complaint: *all of the past 7/1/07*C.R.W. Referred Griev. To: *11/1/07* Date Referred: *5/1/108*Response Statement: *Response to A Grievance - In Response**11/1/07* Date: *5/1/108* Div./Dept. *108*
(print - name of individual responding to this griev.) (signature of individual responding to this griev.)*11/1/07* Date: *5/1/108* Div./Dept. *108*
(print - name of Supt. / Designee / Dept. Admin.) (signature of Supt. / Designee / Dept. Admin.)*11/1/07* Date: *5/12/108*
(print - name of Prog. Serv. Admin. / Asst. Admin.) (signature of Prog. Serv. Admin. / Asst. Admin.)Date Detainee Received Response: *5/1/108* Detainee Signature: *11/1/07***REQUEST FOR AN APPEAL**

APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE

Date Detainee Request For An Appeal: *5/1/108*Detainee's Basis For An Appeal: *11/1/07*Appeal Board's Acceptance Of Detainee's Request: YES ☐ NO ☐

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

Appeal Board's Signatures / Dates:

Date Detainee Rec.'d the Appl. Bd.'s Response: *5/1/108* Detainee Signature: *11/1/07*

GRIEVANCE CODE(S): () () () ()

(WHITE COPY - PROG. SERV.) (YELLOW COPY - C.R.W.) (PINK COPY - DETAINEE) (GOLDENROD COPY - DIVISION/SUPT. OFFICE)

Referred To: _____

Detainee Last Name: ATHENS First Name: William M

ID #: 8-C3-CC/4921 Div.: 9 Living Unit: 3.0 Date: 10/16/07

BRIEF SUMMARY OF THE COMPLAINT: *See Serial 579, 10/27/1962, 1st Report*

[illegible]

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

ACTION THAT YOU ARE REQUESTING:

It is a question that may never be answered.

DETAINEE SIGNATURE: *[Signature]*

C.R.W.'S SIGNATURE: _____ DATE C.R.W. RECEIVED: 11/12/12

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.


Checked		Filled		Data Entry	
		DEA / Illinois Lic.#		Physician PRINT	
Patient William Atkins		Location		Time	
Problem		Weight		Date of Birth 9-7	
Order (Physician's Signature after last order)		Allergy		Med/Surg []	
<p>① Please allow patient to have his own shoes due to severe foot problem.</p> <p>Thinks</p> <p>D. Nayke MD</p>		ID# 30030014927		Form 859.013	
		Nursing / CMT / Dialysis Copy		MPS	
		Date 2-6-7		F. J.	
CERAMIC HEALTH SERVICES OF COOK COUNTY 2800 S. Calumet Ave. Chicago, Illinois 60608 (773) 889-5822		Prescription Order			

Exhibit - H

PART - C

C.C.D.O.C. DETAINEE GRIEVANCE PROCESSED AS A REQUEST

* Please note: When processed as a request, PART - B is not applicable. *

Detainee's Last Name: _____ First Name: _____

ID#: _____ Div: _____ Tier/Living Unit: _____

Date of Request: ____/____/____ Date C.R.W. Received Request: ____/____/____

This Request has been processed by: _____ C.R.W.

Summary of Request:

Response and/or Action Taken:

(Print- name of individual responding)

(Signature of individual responding)

Date: 10/14/07 Div./Dept. 1X

BRATLIEN